

FILED JUN 1 1944

STANDARD CERTIFICATE OF DEATH

16678

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4800

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hrs. 15 Mins
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Infant Reese

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or 2nd Negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... 5 10 44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 hr. 15 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Theodore Reese
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Edith Smothers
15. Birthplace Marion Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Mary Smothers
(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof 5-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director H. Merschman

(b) Address City Health Dept

19. (a) MAY 24 1944 J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 1349 Garrison
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 44 hour 4 minute 50 p.M.

21. I hereby certify that I attended the deceased from 5-10 to 5-10, 1944
that I last saw him alive on 5-10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Unknown

Due to Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work?..... (e) Means of injury.....

23. Signature W. J. Linkler (M. D. or other).....

Address 2601 N. Whittier St. Date signed 5-23-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.